

Institution/Division Name
Forensic Services Group
Employee Name and Address
Rebecca Pontes [REDACTED]

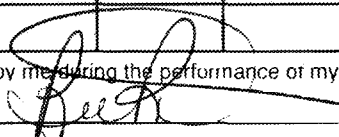
Employee Reimbursement Form

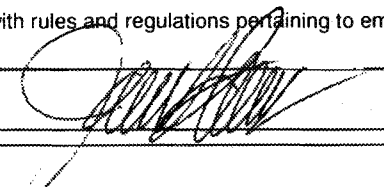
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Employee ID # [REDACTED]	Employee or Contractor Title Chemist II	Bargaining Unit 9	Appropriation 80000106	Unit 2530	Object B02
Document Total:\$			Reconciliation Date:	Schedule Pay Date:	Budget FY 2013
					FY 2013

		Total Private Auto Mileage								
Date	Description	Odometer Readings		Total Miles	Amount	Meals	Fares	Hotel	Other Expenses	Total Expenses
		Beginning	Ending							
08/23/12	Amherst to Framingham	115862	115951	91	\$ 40.95				2.00	\$ 42.95
08/23/12	Framingham to Amherst	115951	116040	91	\$ 40.95				2.00	\$ 42.95
08/27/12	Amherst to Springfield	116215	116242	27	\$ 12.15				0.75	\$ 12.90
									Total	\$ 98.80

Employee's Certification: I hereby certify under the penalty of perjury that the amounts itemized above are true and correct, were incurred by me during the performance of my official duties of the Commonwealth and conform fully with rules and regulations pertaining to employee reimbursement.

Employee's Signature: 

Supervisor's Approval: 	Title: <u>LAB SUPERVISOR II</u>	Date: <u>8/29/12</u>
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Fiscal Verification: _____	Title: _____	Date: _____
Fiscal Approval: _____	Title: _____	Date: _____